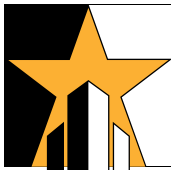


Absolute ADVANTAGE

THE WORKPLACE WELLNESS MAGAZINE

Choosing Appropriate Interventions

Developing Results-Oriented Wellness Programs
One Company At A Time



IN THIS ISSUE:

In this issue of *Absolute Advantage*, we're focusing on the benchmark of *Choosing Appropriate Interventions*. Specifically, we'll outline the issues and factors to consider when choosing interventions for your organization.

In addition, we'll present expert information from Dr. Ken Cooper on physical activity, Dr. Jeffrey Wigand on tobacco cessation, and Dr. Luke Seaward on stress management. Finally, we'll set forth important guidelines for small businesses who are interested in adopting health promotion interventions.



Each month you can learn more about the articles in *Absolute Advantage*. Simply log on to WELCOA's members only website to get more in-depth coverage of the topics that matter most to you. Find full-length interviews, expert insight, and links to additional information that will help you do your job better!

THE WELLNESS COUNCILS OF AMERICA

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LETTER FROM THE **EXECUTIVE EDITOR** | DAVID HUNNICUTT, PhD

Choosing Appropriate Interventions

Developing Results-Oriented Wellness Programs One Company At A Time

In this issue of *Absolute Advantage*, we're focusing on the benchmark of *Choosing Appropriate Interventions*.

The fifth of the seven critical benchmarks of success, *Choosing Appropriate Interventions* is a crucial step in developing a results-oriented, worksite wellness program. To do this topic justice, we've devoted this entire issue to addressing this benchmark.

Specifically, we'll outline the issues and factors to consider when choosing interventions for your organization. In addition, we'll present expert information from Dr. Ken Cooper on physical activity, Dr. Jeffrey Wigand on tobacco cessation, and Dr. Luke Seaward on stress management. Finally, we'll set forth important guidelines for small businesses who are interested in adopting health promotion interventions.

We hope that you enjoy this issue of *Absolute Advantage* and find it useful in your quest to fully implement the seven benchmarks of success within your organization.

Yours in good health,

Dr. David Hunnicutt
President

“The fifth of the seven critical benchmarks of success, **Choosing Appropriate Interventions** is a crucial step in developing a results-oriented, worksite wellness program.”



Absolute ADVANTAGE

THE WORKPLACE WELLNESS MAGAZINE

VOLUME 6, NUMBER 8

Organizational Founder, William Kizer, Sr.

WELCOME

Absolute Advantage is the interactive workplace wellness magazine that helps large and small employers link health and well-being to business outcomes. *Absolute Advantage* arms business leaders and wellness practitioners with leading-edge workplace wellness information straight from the field's most respected business and health experts.

With its online component, *Absolute Advantage* provides the industry's most current and accurate information. By logging on to the magazine's interactive website, you can access a whole new world of health promotion—including in-depth interviews with national health promotion experts and insider's information about industry products.

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Ab-sol-ute Ad-van-tage:

When a company can produce more than its competitors—even though they have the same amount of resources—it has an absolute advantage.

We believe wellness is that advantage.

EXECUTIVE EDITOR | David Hunnicutt, PhD

Dr. Hunnicutt is President of the Wellness Councils of America. As a leader in the field of health promotion, his vision has led to the creation of numerous publications designed to link health promotion objectives to business outcomes.

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Dr. Perko has significant experience in worksite wellness. Currently the Chair of Health Education at the University of Alabama, Dr. Perko also serves on WELCOA's Medical Advisory Board and often speaks on behalf of the Wellness Councils of America.

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Information in this publication is carefully reviewed for accuracy. Questions, comments, or ideas are welcome. Please direct to Dr. David Hunnicutt, Executive Editor, at the address below.

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Choosing Appropriate Interventions

In this article, we will discuss the important issues that must be addressed in order to effectively offer the appropriate interventions for your employees.

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In this WELCOA classic interview, the "Father of Aerobics," Dr. Ken Cooper, shares the importance of individual health and well-being and how practitioners can engage employees in the pursuit of healthier lifestyles.



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In this WELCOA classic interview, Dr. Jeffrey Wigand discusses what health promotion professionals can do to prevent employees and their families from experiencing the ravages associated with tobacco use.



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In this article, Dr. Luke Seaward provides four important insights on how employees can reduce and manage the amount of stress in their lives.



36 Big Steps For Small Businesses

Even though more companies are participating in worksite wellness now than ever before, many small businesses are still on the outside looking in. In this article, we'll present 10 programming ideas that can make a big difference in any small company.



WELCOA's Well Workplace Initiative

The Seven Benchmarks of Success

IN THIS ISSUE:
INTERVENTIONS



For the past 20 years, the Wellness Councils of America has dedicated its efforts to studying and promoting the efforts of America's Healthiest Companies. During that period, WELCOA developed its patented Well Workplace process. At the core of the Well Workplace model, we have identified seven key benchmarks of success. Specifically, these seven benchmarks are inherent in companies that have built results-oriented workplace wellness programs.

Benchmark #1

Capturing CEO Support

From our experience, CEO support is essential to the process of developing best-in-class programs. Indeed, we know of very few programs that have contained costs and improved employee health that don't have strong senior level support.

Benchmark #2

Creating Cohesive Wellness Teams

Once CEO support has been captured, the next task is to create a cohesive wellness team. Teams are essential to building great wellness programs because they help to distribute the responsibility for wellness throughout the organization.

Benchmark #3

Collecting Data To Drive Health Efforts

The team's first and primary responsibility is not to start offering programs, but rather to step back and gather important data. The data will be collected using corporate culture audits, health risk appraisals, and knowledge and interest surveys. This data is extremely important because it will reveal the specific areas of health needs and interests within the organization.

Benchmark #4

Carefully Crafting An Operating Plan

With essential forms of data having been collected, the task is now to develop an operating plan for health and wellness within the organization. This operating plan will serve as the roadmap and will guide the company's efforts and investments in workplace wellness.

Benchmark #5

THIS ISSUE

Choosing Appropriate Interventions

With the first four benchmarks completed, it is now appropriate to begin choosing and implementing the appropriate health and productivity interventions. These interventions will most likely include tobacco cessation, physical activity, weight management, self-care, and stress management. But, they also may include things like fatigue management and ergonomics—depending on what the company's data reveals.

Benchmark #6

Creating A Supportive Environment

Once the appropriate health promoting interventions are up and running, it's time to create a supportive environment. Indeed, by having a supportive environment, organizations can be confident that employees will be supported in their efforts to lead healthier lives. Environmental interventions may take the form of policies, physical modifications, and rewards and incentives.

Benchmark #7

Carefully Evaluating Outcomes

The seventh and final benchmark in the Well Workplace model is carefully evaluating outcomes. It is within this benchmark that companies will religiously keep score when it comes to their wellness program. Evaluation targets include things like participation, participant satisfaction, behavior modification, and cost containment.

WELCOA's Well Workplace model has been adopted by more than 1,000 companies across the U.S.



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Choosing Appropri



There is an art and a science in choosing the right interventions for your organization. How well do you know the issues?

■ By David Hunnicutt, PhD



iate Interventions



Choosing appropriate interventions is a critical step in developing and delivering a results-oriented worksite wellness program. Indeed, it is the fifth benchmark in the Well Workplace model—and it's where the rubber meets the road. In this article, we will discuss the important issues that must be addressed in order to effectively offer the appropriate interventions for your employees.



The 7 Benchmarks

1	Capturing Senior Level Support —Getting your boss and others on board makes all the difference
2	Creating Cohesive Teams —Teams help lighten the load
3	Collecting Data —You can't change what you don't know
4	Crafting an Operating Plan —Failing to plan is planning to fail
5	Choosing Appropriate Interventions —What do people want & are willing to work for to get
6	Creating Supportive Environments —If you build it, they will participate
7	Carefully Evaluating Outcomes —Making sure that what you did made a difference

But before we begin, it's important to understand that the information presented in this article will apply to virtually any intervention that's being offered. Whether it's tobacco cessation, physical activity, weight management, stress reduction, or medical self-care, the issues that need to be addressed are almost always the same. With this in mind, we recommend that the following issues be addressed in any and all interventions that are offered.



Issue #1: What Specific Objective Does This Intervention Address?

Too many times interventions are offered simply because the practitioner believes it's a good idea. And although these "gut instincts" might be correct, it's essential that your interventions match up with what your employees want and what the organization needs.

Make no mistake about it; interventions need to be based on data. Drawing on the results gathered from your health risk appraisal, culture audit, interest survey, and medical claims analysis, you should have a crystal clear understanding as to the programs you should be offering.

But what happens if your organization hasn't collected any data? Well, we believe that it would be a much better idea to go back and gather the data first to make sure your intervention has an objective data set that supports your programming decision. Sure, this is going to take some time and effort, but at least you'll be developing programs that will endure and the outcomes can be monitored over time.



Issue #2: How Many Employees Are Targeted To Participate In This Intervention?

This is an important question for worksite health promotion practitioners to ask themselves prior to delivering any intervention. More often than not, participation happens by chance—and this can be a risky thing especially if the health and well-being of your organization is depending upon your success.



So rather than just sitting back and watching what transpires, we recommend proactively targeting a specific participation goal that needs to be achieved in order for the organization to realize its health objectives. As an added level of accountability, we would encourage you to go public with your goal so that you'll have the support and gentle pressure to accomplish what you set out to do.



Issue #3: What Incentives Will Be Used?

It's no surprise that incentives increase participation rates. With this in mind, you'll need to carefully think through the incentives that will help you get to your goal. In essence, there are three broad categories of incentives—trinkets/t-shirts, merchandise/cash, and mandated policies/organizational benefits—and each will get you progressively greater participation.

Trinkets and t-shirts are those lower-level incentives that have been popular for years. For example, complete the company health fair and we'll give you a t-shirt. Take part in a lunch 'n learn, and you'll get a water bottle. Even though these items are relatively inexpensive and pretty common, they do have value; and a small percentage of people will put forth effort trying to obtain them. In fact, if you offer these kinds of incentives, you can bank on about 10-15% participation.

If you offer merchandise or cash, your participation rates will increase significantly. For example, if you promise two movie tickets for completing an HRA, you can expect 40-50% participation. And, if you link the whole process to a company policy or the organization's benefit plan, participation rates can move into the 80-90% range.

You'll also want to give some thought to how the incentive will be delivered to the participant. Consider the organization that promised two movie tickets for



11 Issues For Appropriate Interventions

- 1** What Specific Objective Does This Intervention Address?
- 2** How Many Employees Are Targeted To Participate In This Intervention?
- 3** What Incentives Will Be Used?
- 4** How Will The Intervention Be Promoted?
- 5** How Long Will The Intervention Take To Complete?
- 6** Will This Intervention Be Offered At Multiple Locations And For Multiple Shifts?
- 7** At What Level Will The Intervention Be Offered?
- 8** What Will Be The Total Cost To Deliver The Intervention?
- 9** Are There Legal Issues And/Or Waivers That Need To Be Considered?
- 10** How Will The Intervention Be Evaluated?
- 11** Who Will Be The Key Contact If Something Goes Wrong?



successful completion of an intervention. When they chose to mail the tickets to the participants' homes, they were both shocked and surprised by how many employees reported never receiving their prizes. With this firmly in mind, you'll want to make sure you know in advance how incentives will be distributed.



Issue #4: **How Will The Intervention Be Promoted?**

This is big. Your communication strategy will have a direct impact on the number of people who take part in your intervention. In fact, if there's one thing that we've learned over the years it's this: many people don't participate in the program because they don't know about it and/or they didn't get the message in time so that they could get it on to their schedules.

When it comes to offering effective health promotion interventions, seasoned wellness practitioners know that they have to communicate early and often—and they use multiple communication channels including the Internet/ Intranet, posters, meetings, emails, bulletin boards, communiqués and any other mechanism they can leverage.



Issue #5: **How Long Will The Intervention Take To Complete?**

Put simply, the longer and more complicated the intervention, generally the fewer the participants or the greater the incentive will need to be. Many times wellness practitioners grossly overestimate how much time and motivation employees have to take part in programs that require multiple sessions. This is not to say that it shouldn't be done, rather, we believe that you need to be crystal clear both internally and externally as to the amount of time and effort the intervention will take to complete.

By being transparent from the get-go, you will have taken an important step in gaining the trust and matching the right programs with the right participants. For example, imagine how you would feel if you signed up for a

program and you were “informed” later on about a lot of additional tasks and sessions required in order to qualify for your incentive. You'd be angry, and we don't blame you. The same holds true for your employees.



Issue #6: **Will This Intervention Be Offered At Multiple Locations And For Multiple Shifts?**

For years, worksite wellness interventions were offered only to first shift employees at the company's main headquarters. Today, this is no longer acceptable. And, the more shifts and locations that you have, the more complicated it is to offer the intervention. But that's no excuse for neglecting those workers who are at remote sites and/or working the second and third shifts.

Technology has certainly made this problem a lot easier to solve. But, make no mistake about it, offering interventions for multiple locations and multiple shifts is hard work and requires a lot of effort and forethought. It's beyond the scope of this article to talk about this issue in detail, but it is an issue that needs to be addressed up front if you're going to offer effective interventions.



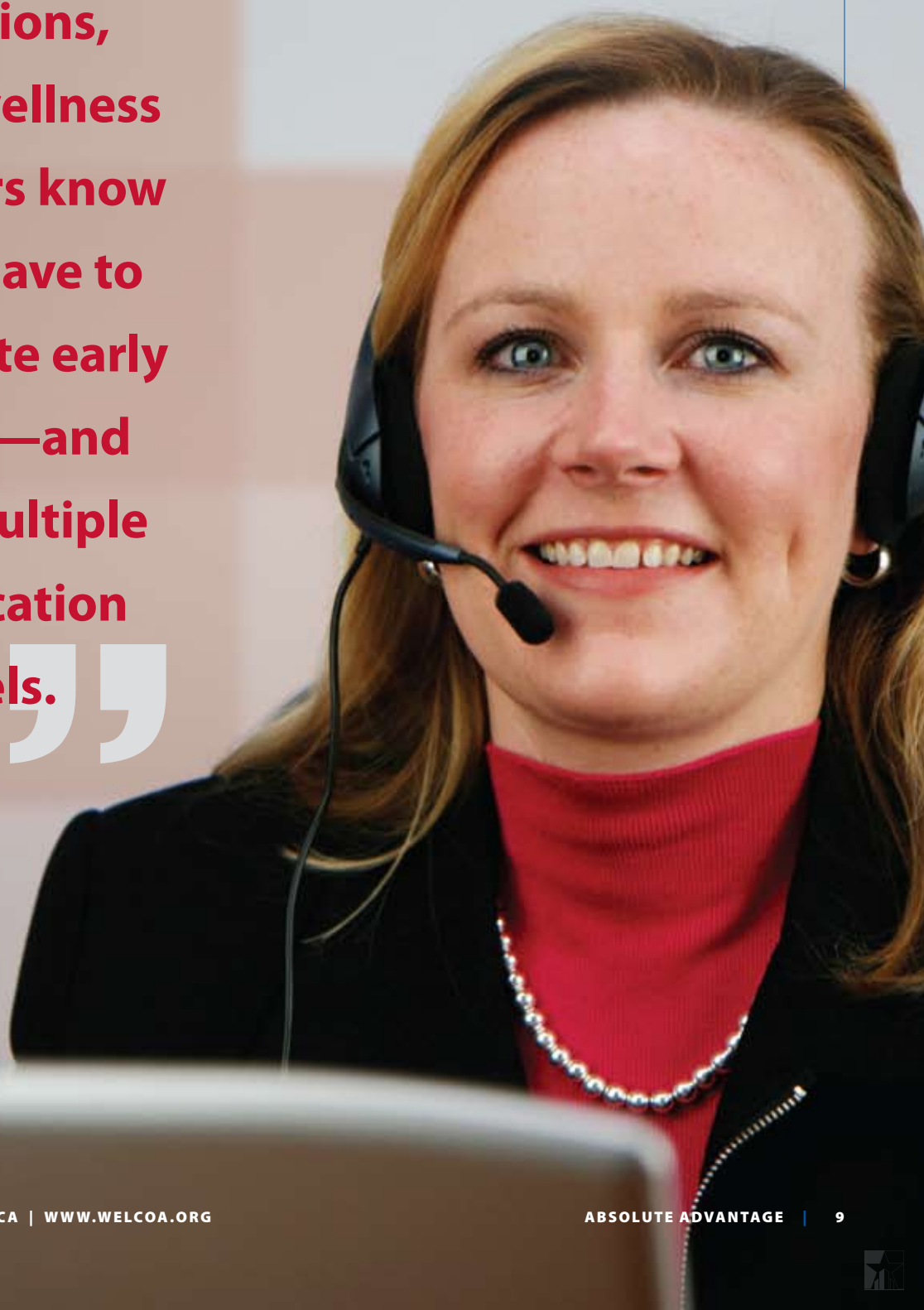
Issue #7: **At What Level Will The Intervention Be Offered?**


Basically, there are three levels of health promotion programming—awareness, education, and behavior change. Each requires a different amount of investment in terms of money, time, and space. We believe it's important to be clear about the level at which the program will be offered right from the start.

Even though this may sound pretty basic, we have found that overtly determining at what level your intervention will be offered is important because it virtually eliminates “mission creep.” Mission creep is what happens when you think about offering an intervention and it keeps getting bigger and more intensive every step of the way.



“When it comes to offering effective health promotion interventions, seasoned wellness practitioners know that they have to communicate early and often—and they use multiple communication channels.”






For example, there are horror stories of companies who have shared with us the terrible problems they ran into when their programs got too big, too involved, and too expensive. By overtly stating up front the level of the intervention, you can successfully avoid the problem of mission creep.



Issue #8: What Will Be The Total Cost To Deliver The Intervention?


This is the bottom line on the bottom line. One of the worst things that can happen is that you overspend your budget and you still have more of the intervention to deliver. This is both an embarrassing and risky proposition. We've seen health promotion practitioners who've missed the mark in this area and corporate executives have pulled the plug on programs—in midstream! This is a terrible thing to have happen. Everybody loses. But, it is a valuable learning experience and one that we hope you'll never have to go through.

Always, always, always, make sure that you know the total cost of an intervention before you ever pull the trigger.



Issue #9: Are There Legal Issues And/Or Waivers That Need To Be Considered?

When it comes to changing behaviors, there may be legal ramifications and/or personal risk involved. If you're going to be effective in delivering results-oriented interventions, we suggest you make sure that legal counsel has been informed ahead of time. In so doing, you will ensure the safety of each and every participant as well as insulating the organization from legal liability.



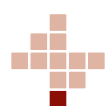
Issue #10: How Will The Intervention Be Evaluated?

If you're going to build a results-oriented worksite wellness





program, we believe that you have to think through the evaluation of the outcomes before you offer the intervention. Will participation and participant satisfaction be enough to appease corporate executives? Or, will you need to document changes in knowledge, behaviors, and biometric measures? Or do the powers that be expect to receive an ROI analysis for a particular intervention? Again, by determining your evaluation measures up front, you will be taking important steps toward successfully getting what you need from each and every intervention.



Issue #11: Who Will Be The Key Contact If Something Goes Wrong?

We always try to save the best for last, and this is definitely something to think about in advance—especially if interventions are offered at multiple locations and to multiple shifts. Basically, there needs to be emergency contact numbers/emails available to everyone in case something goes south. Remember, in great health

promotion programs, bad news travels fast. If something goes wrong, you'll want to know about it immediately. By having key contact information, you can ensure that you'll be kept in the know.

Summary

In this article we presented 11 important issues that need to be considered when offering health-promoting interventions in your organization. This should not be considered an exhaustive list, but rather the basics in helping you to maximize your investment in your employees' health and well-being. If you have other issues that you feel are important, feel free to email us at wellworkplace@welcoa.org. ★



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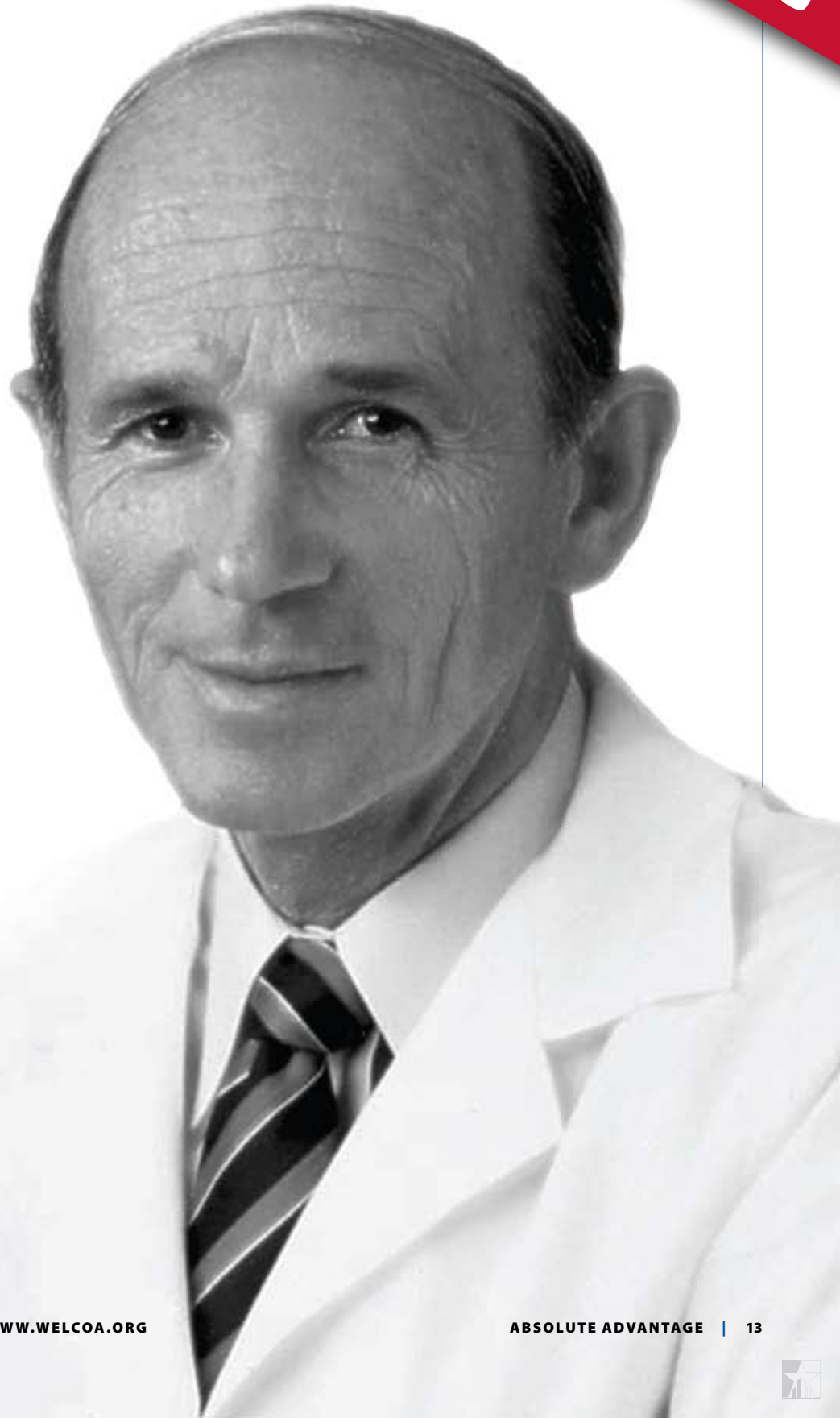
Doctor's Or

**Ken Cooper, M.D., Speaks Out On
Getting *(And Keeping)* Americans Healthy.**

An Expert Interview With **Ken Cooper, M.D.**



ders



Recently, WELCOA President David Hunnicutt, PhD, sat down with Ken Cooper, MD, “The Father of Aerobics” and physician to the President, to discuss the importance of individual health and well-being, how to engage employees in an effective fitness and wellness model, and why promoting physical fitness is the right move for American businesses.

Dr. Cooper, how physically fit are Americans today?

Cooper: There’s been a decline in fitness over the last 13 years. The Baby Boomers—from 1968 to 1990—led the fitness movement, and there was a substantial improvement in national fitness during that time, as indicated by the number of joggers and the number of people paying attention to their diet and weight. But since 1990, and up to the present day, fitness levels have declined, and we’re no longer seeing improvements in fitness or decreases in deaths from coronary heart disease like we were before. Increases in longevity seem to be flattening out, too—if not going the other way.

So to answer the question, I would say that, whereas we reached a peak in 1984 with an estimated 59 percent of American adults involved in some kind of rigorous activity, that figure is closer to 28 percent to 30 percent at the present time. There’s documentation from Gallup polls that indicates a substantial decrease in the number of Americans who are actively involved in some type of exercise program, particularly during the last 13 to 15 years.

What’s contributing to our overall lower levels of fitness?

Cooper: I think there are two answers to that question. The first is that the 76 million Baby Boomers born between 1946 and 1964 who led the fitness and wellness movement for so many years, are now turning 50. By 2011, these Baby Boomers will begin turning 65 years of age. Either they have lost interest in staying fit, they’ve burned out, they’ve had musculoskeletal problems, or something has discouraged them from continuing to exercise. This is unfortunate because, as I say in all of my presentations, fitness is a journey, not a destination. You’ve got to keep it up the rest of your life. You can’t store

fitness. The older you are, the faster you lose it. I think that’s what is happening with some of the Baby Boomers.

The second reason we’re seeing an overall decline in the fitness level of Americans is that Baby Boomers’ children are now being included in national fitness assessments. These young adults have not typically been active people. In fact, since 1980 the number of overweight or obese children aged 6-19 years of age in this country has tripled, and fitness levels, as measured by the fitnessgram, have shown no significant improvement at all.

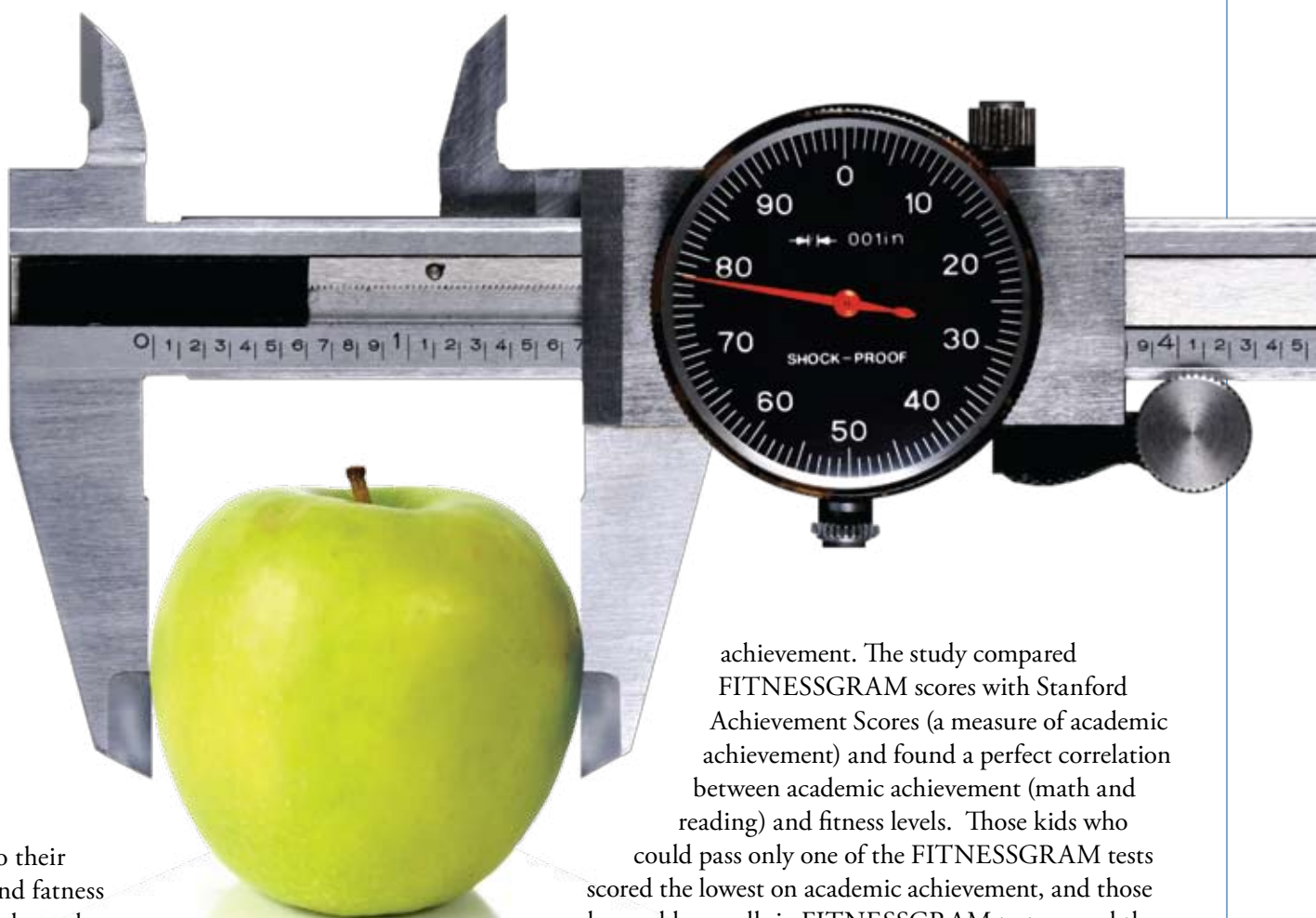
I think there are four reasons our children are experiencing lower levels of fitness. First, many school systems are getting rid of their P.E. programs. Second, kids are not walking to school or riding their bicycles like they used to. Third, kids are spending anywhere from 25 to 35 hours a week watching television, playing video games, or working on the computer. Finally, we’re seeing lower levels of fitness and higher levels of obesity in kids because we’re living in a fast food generation. There are some 49 million Americans eating at fast food restaurants every day. This combination of factors accounts for the decrease in fitness and increase in fatness of both our American adults and our children over the last 15 or 20 years.

Dr. Cooper, given the importance of increased physical activity in healthy living, how do we get Americans moving?

Cooper: We’ve been practicing a four step lifestyle-change program here for the past 33 years—and we’ve experienced reasonable success with it.

The first step is to conduct a very comprehensive baseline evaluation so people know how they stand in





regard to their fitness and fatness compared to other people of their age and gender. Second, we give them an educational/motivational program along with the evaluation to educate them and to motivate them to change their lifestyle and improve their health. Third, we give them recommendations as to how to improve their fitness, control their alcohol, eliminate tobacco, etc. We make those recommendations safe, effective, and realistic. Finally, we do a follow-up re-evaluation with the individual. We feel those are the four steps that are key to permanent lifestyle change, not just a quick fix, and that's what we have practiced so successfully and effectively here.

I think that these four steps—particularly some type of a national evaluation program—are extremely important. Parents also need to take a stronger role in making sure their children are active and fit. Along that line, I was very pleased to see the results of a study that compared the levels of fitness of children in fifth, seventh, and ninth grade in the State of California with their academic

achievement. The study compared FITNESSGRAM scores with Stanford Achievement Scores (a measure of academic achievement) and found a perfect correlation between academic achievement (math and reading) and fitness levels. Those kids who could pass only one of the FITNESSGRAM tests scored the lowest on academic achievement, and those who could pass all six FITNESSGRAM tests scored the highest on the academic achievement scale. That study involved some 953,000 students, and all three grades showed the same response.

As you can see, it's a bit worrisome that as we develop this fat society, particularly in our youth, we are developing a whole group of people that will not be academically proficient. That disturbs me. Another thing that disturbs me is that these overweight children are experiencing something that we've not seen before in this country and that's an epidemic of adult onset—or type 2—diabetes in children 9 to 11 years of age. The studies clearly show that if children 14 years of age or younger develop type 2 diabetes (which is directly related to inactivity and obesity), they are shortening their lifespan by some 17 to 27 years.

All of these obesity-related issues make me wonder how positive the future will be for us as Americans. There's a statement being made now that this may be the first generation in which parents outlive their children.



What advice do you give corporate leaders in terms of getting health and wellness firmly entrenched into the American workplace?

Cooper: I tell them that physical fitness is good business. This is true because first, you can reduce the cost of healthcare if your people become physically fit. There's plenty of data to prove that. Second, poor health is linked to absenteeism. It's only natural that fit employees will be absent less often, and will be able to work more effectively for longer hours if they're in better shape. Employers also have to consider that, by offering a worksite wellness program for employees, they'll be able to recruit the best employees in the marketplace. Finally, good health—and good health promotion programs—reduce turnover among employees. There's adequate data in scientific literature to prove everything I've just said.

So again, physical fitness is good business. I feel the corporation that doesn't embrace these concepts now is not going to be able to remain competitive—it will get wiped out by the cost of healthcare. Remember, too, that many small corporations are now paying more for health insurance for their employees than they're paying for taxes. We've seen an exponential increase in the cost of healthcare in the past 13 years. It's gone from \$700 billion in 1990, to an estimated \$1.4 trillion this year. That figure just keeps rising.

Recently we had a Presidential visit here in Dallas where I heard George W. Bush speak about the problem of rising healthcare costs. He said there's no way healthcare costs can be controlled if you provide too much care, too late. That's what we're doing in America today—providing too much care, too late. We have to emphasize the importance of prevention. We have to emphasize prevention as I have prescribed it for the past 33 years. President Bush mentioned that verbatim since I am his personal physician.

During the rest of his presentation, President Bush outlined four things we need to do if we ever expect to get control of the cost of healthcare. Number one, we have to control obesity and improve the nutritional habits of the American people. Number two, we must bring exercise back into the schools and emphasize the importance of physical activity among all citizens. Number three, we

need to provide good screening programs—the type we do here at Cooper Clinic (he said that verbatim, too). Number four, we must strive to make people understand that their health is not the government's responsibility, it's not their physician's responsibility, it's their responsibility. I thought those were very good points, emphasizing again that prevention is the key to success in the future, not too much care too late.

Dr. Cooper, what advice would you give the typical American on the most important things they can do to stay healthy?

Cooper: For years I've said that the foundation of any good preventive medicine program is exercise. But yet, I think we should consider that wellness is the thing of the future, not just exercise. Exercise is only a part of the total wellness program. I list these things I think are mandatory if you want to optimize your life and get the greatest benefit from your preventive medicine program.

First, pay attention to maintaining a healthy weight, and getting proper nutrition and supplementation. Second, get enough proper exercise. How much is enough? How much is too much? That depends on your age, fitness level, gender, and other factors, but there are plenty of resources that will help you get started. Next, you have to eliminate tobacco products in all forms—there's no way you can use tobacco safely. You must also learn to control alcohol and eliminate habit-forming drugs. The next component of a good preventive medicine program is stress management. Stress can affect health negatively if it's not controlled. Finally, the last component to a successful preventive medicine wellness program is regular screenings and wellness examinations. I think those six steps are key to living a long and healthy life.

Dr. Cooper, are you of the opinion that small changes in lifestyle lead to big improvements?

Cooper: Without question. Our studies show that even if you weigh 300 pounds, if you lose just 10 percent of your body weight, there will still be a substantial health benefit.

So I see little steps as being very important. Over the years we always felt that you had to be aerobically fit to get the benefits of exercise (aerobic fitness may require running two miles in less than 20 minutes four times a week).

Now we know that you can go out and walk for 30 minutes, covering two miles during that time, and do it three times a week to get a health benefit. In fact, walking gives you almost the same benefit as running intensely if your goals are health and longevity. For example, if you simply walk, as I said, our studies show that you can reduce deaths from heart attacks, strokes, diabetes, and some cancers by 58 percent, which translates into about a six year increase in longevity. Now, if you run, and get aerobically fit, that increases the statistic somewhat, boosting the increased lifespan to 6 to 9 years. But that's not much more of a benefit.

So taking that first step—going from a very poor level of fitness to just one step better in the five block fitness scale—gives you a tremendous return on your investment. But we have to keep in mind that we have an estimated 50 million Americans that are in that bottom category of fitness, the bottom 20 percent that are healthy, but totally sedentary. So if we can motivate those people to make minimal changes in their diet, in their weight, in their exercise program, in their habits, they'll achieve an exponential return on their investment personally, and they could also help to improve our national fitness status.

What are you doing on a global and environmental level to affect positive health change?

Cooper: My goal is to try to promote the concept of fitness and wellness not just in this country, but around the world. Our problem with obesity is not just a national problem, it's an international problem, too. The term "globesity" is now being used more often.

It is estimated that 1.7 billion people around the world are obese and overweight and only 800 million suffer from malnutrition. That means twice as many people suffer from obesity than from malnourishment. It's an international problem. I'm getting involved more and more in that. I'm being asked to speak abroad. In fact, I'm speaking in Russia this September because people there are interested in what we're doing here.



**Fitness is a journey, not a destination.
You've got to keep it up the rest of
your life. You can't store fitness.
The older you are, the faster you lose it.**

Instead of just joining a list of my colleagues who are critiquing the fast food and snack industries as being the problem—I've tried to do something to correct the problem. My feeling is that you're not going to resolve the problem of obesity by eliminating the vending machines, because people will always get what they want—one way or another. What you must do is go back to the source and start working with the companies to get them to change their products. I'm very happy to say that over the last 16 months I've been working with PepsiCo and Frito-Lay to do three different things.

First, I've helped them promote their healthier products—things like Quaker Oats, Gatorade, Aquafina water, Tropicana juices, and Dole juices. Number two, I've been helping them develop new, healthier products and modify the old ones. Finally, I've worked with these companies to use their communication channels to promote my message of good health around the world, and we're doing this very effectively. You've been reading the newspapers—you know that we have done this with Frito-Lay, which is located right here in Dallas.

Over the past 16 months we've changed their products to the extent that they're eliminating trans fats in all of their savory snacks this year. Now we're at a point where all major food companies and several fast food companies are doing at least something to make their products healthier. I'm extremely pleased and proud to be part of this movement. It's a big step in the right direction.

Tell us about your vitamins and supplements. What does your research suggest about these kinds of things?

Cooper: For years, the supplement industry has had no controls. You can put whatever you want on the label, it

may or may not be what's in the bottle. The supplement industry is one of the biggest rip-offs in America today.

So I worked with investigators from three universities—Tufts, UT Southwestern Medical School, and Harvard School of Public Health—to develop a product that is guaranteed pure, contains what it's supposed to, and is well absorbed. We are also able to guarantee that it does something. In fact, we have two articles at press right now (we've already presented at national medical meetings) that detail the results of a double-blind study, and the results are very exciting. We show that our vitamin not only absorbs effectively, but that it also positively impacts health in several ways and dramatically improves immunity to infectious disease, particularly in older people.

Dr. Cooper, let's talk about you for a moment. What do you do to stay healthy?

Cooper: Well, I'm 72 years of age, and I still work out four to five days a week. My exercise now is more a combination of walking and jogging than it was strictly jogging in the past. But I've been involved in this program now for 44 years, and during that time I've covered about 32,000 miles including the Boston Marathon twice.

My customary program is to walk or run 2-3 miles, 4-5 days a week coupled with about 20 minutes of weight training at least twice a week. I don't smoke, I don't drink, and my weight is only four pounds heavier than it was when I graduated from high school. I have excellent blood lipids, and I don't take medications to control cholesterol. I would say I'm enjoying outstanding health. I've not missed a day from work because of illness since 1956 when I had an appendectomy. My wife always says, "Be sure and tell your audiences that you go to work when you're sick." Well, I can't actually say I've been sick enough to miss a day of work in almost 50 years.



So I've been blessed with good health, but I practice all the things I preach. I tell my physician friends and my physician audiences that we have to walk the talk—we can't just talk about it, we have to set the example, too.

One final question. This interview will be read by 4,000 health promotion professionals and business leaders, many of whom are struggling right now—because of an economic downturn—to keep health and wellness as a priority within their organizations. What encouragement can you give these 4,000 readers?

Cooper: I would tell them first of all, don't expect a return on your investment the first year. That's a mistake many corporations make. Wellness programs take time, and I would say that it's going to take 3 to 5 years before you start seeing a phenomenal return on your investment. So just accept that.

Remember, too, that you have to have some type of incentive for the employees to participate, and most organizations that have successful wellness programs—ours included—reward employees monetarily. That's something you want to keep in mind.

I'll tell you this. Our health promotion program at The Cooper Aerobics Center is one of the greatest things we've done here. Not only has it helped to maintain the health and productivity of our organization, but it's also broken down barriers between various divisions because employees exercise and work out together.

There are so many benefits to a corporate worksite wellness program. You may not see the benefits immediately, but if you persist over the long term, you'll find that worksite wellness will provide one of the biggest returns you've ever had on any investment you've ever made. ★

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About Ken Cooper, M.D., M.P.H.



Kenneth H. Cooper, M.D., M.P.H., is the founder, president, and chief executive officer of The Cooper Aerobics Center. He is recognized as the leader of the international physical fitness movement and credited more than any other person with motivating people to exercise in the pursuit of good health.

During his 13 years of military service, Dr. Cooper served as director of the Aerospace Medical Laboratory in San Antonio and worked with the National Aeronautics Space Administration in conditioning America's astronauts for space. Two years after the publication of his first book, *Aerobics* (Bantam, 1968), Dr. Cooper resigned from the US Air Force to found The Cooper Institute and Cooper Clinic and pursue full time his exploration of the relationships between exercise, health, and longevity.

Dr. Cooper is recognized internationally through media appearances; his own radio show, "Healthy Living;" lectures; and as the author of 18 books, which have been translated into 41 languages and Braille and total more than 30 million copies sold.

Dr. Cooper holds a B.S. degree and an M.D. degree from the University of Oklahoma as well as an M.P.H. degree from the Harvard University School of Public Health, and he is certified by the American Board of Preventive Medicine.



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MORAL TREASON

A Former Tobacco Industry Insider Speaks Out

In 1988, Jeffrey Wigand, PhD, went to work for Brown & Williamson Tobacco Corporation with the intent of developing a safer cigarette for smokers around the world. Five years later, the former Brown & Williamson Vice President became the industry's highest ranking executive to speak publicly about its darkest secrets and tactics for finding and keeping a continuous stream of customers willing to buy its dangerous products. Recently, Dr. Wigand sat down with WELCOA President David Hunnicutt to talk about tobacco use as an ever-present public health concern, the tobacco industry's desperate tactics for replacing the 460,000 customers who die each year from their product, and what health promotion professionals can do to prevent employees and their families from experiencing the ravages associated with tobacco use.



In your experience, Dr. Wigand, how harmful is smoking to human health?

Wigand: Tobacco is the only legal product in the world today that—when used as intended—kills five million people a year worldwide. It's a product that contains anywhere from 4,000 to 8,000 known toxic components. And because it's inhaled directly into the body, those toxic chemicals have access to virtually every organ system in the body. Not to mention the fact that it's extremely addictive. It's harmful psychologically in terms of behavior, and it's harmful chemically vis-à-vis nicotine, which is four to five times more addictive than cocaine or heroin. So, is it harmful? There's no question in my mind—it's downright dangerous.

How long do you believe it takes someone to become addicted to tobacco?

Wigand: In all honesty, it varies from person to person. But if you've read any of Dr. Joseph DiFranza's research on tobacco addiction, you understand that tobacco addiction is a disease that starts with children, not adults. The average age of a youngster taking up tobacco is somewhere in the neighborhood of 12 to 14 years of age. And more and more young girls are lighting up today than ever before. In fact, they're four times more likely to light up than boys the same age. Many young girls believe that having a cigarette will satisfy their obsession or belief in thinness. And many also believe light or mild cigarettes are a healthier alternative to regular cigarettes—which is absolutely false. As a result, if you look at the long-term statistics associated with lung cancer, the rate of increase in lung cancer for women over the past decade far eclipses that of men.

It's important to understand that tobacco addiction is a disease that starts with children. Kids are gaining access to the product at earlier and earlier ages. In fact, kids are beginning to smoke at earlier ages—around 11 and 12 years old—and approximately 66 percent of these kids purchase the tobacco products themselves. For the most part, the days when children get tobacco products from their parents or friends, or by stealing them, are gone. Sixty-six percent of the kids in this country get tobacco products by purchasing them illegally.

Another frightening phenomenon is the number of children addicted to tobacco from birth. About 20 percent of pregnant mothers still smoke through all three trimesters of their pregnancy. So, many of our unborn

children are smoking well-before the time they take their first breath in this world.

Addiction starts with the first cigarette, the first dip, or the first chew. And it often begins with what's called a "gateway product"—a starter product like highly flavored, moist snuffs. If you've ever smoked a cigarette, it's physically taxing in terms of coughing, choking, vomiting, or experiencing headaches. So the industry sells easy-to-use gateway products in the form of snuffs and chews. To get people hooked, they often flavor them with licorice, honey, cocoa, spearmint, peppermint, or wintergreen. They're initially packaged like little tea bags and always contain ammonia or other chemical compounds to facilitate the addictive process.

Addiction is powerful. It doesn't simply involve the continued use of a product or substance. With an addiction, the user experiences a continually increasing need for more and more of the addictive substance to produce the desired effect or feeling. Now that's powerful. Where addiction really starts to hurt, however, is during the withdrawal process. Withdrawal involves a chemical withdrawal from the nicotine, and it involves a physical withdrawal from the ritual of smoking—the process of tapping a cigarette, rolling a cigarette, mouthing a cigarette, and rolling the ashes. So addiction is a process with many dimensions. It affects the neural system of the brain, it affects the system that regulates our mood, and it affects the system that produces our flight or fight response. In essence, it creates an imbalance of brain chemistry.

There are a surprising number of people out there who refuse to believe that the tobacco companies are manipulating the nicotine levels in their products to facilitate addiction. What are your thoughts?

Wigand: The tobacco industry nurtures a strong belief in the "naturalness" of its product with its \$14 billion a year in advertising and promotional spending. It's a belief that couldn't be any further from reality. First, a cigarette or pipe tobacco isn't purely tobacco. Second, both are intentionally engineered to contain at least 599 specific chemicals designed to facilitate the smoking process as well as to enhance the capacity for addiction. Some of these additives include chocolate, honey, cocoa, butterfat, lemon juice, menthol, and sugars. But that's not all the industry adds to their product.



The industry also adds chemicals specifically designed to enhance and maintain the addicting process. Nicotine, in its natural state, exists as a salt within the tobacco plant. It has a low pH level and therefore isn't easily transported to or absorbed by the lungs. Knowing this, the industry has discovered a way to make the addictive process and release of nicotine easier. They create what's called "free nicotine", and there are very few differences between the process of making it and the process of freebasing cocaine (i.e., making crack cocaine). The industry also adds chemicals such as ammonia-based derivatives that have a high capacity to shift tobacco and smoke pH levels from acidic to basic. When you take nicotine and move it from its naturally acidic environment to a basic environment, where it exists in a cigarette, you scavenge the nicotine in its free form, which has a higher addictive capacity than nicotine in its natural state.

Additionally, many of the chemicals added to tobacco—like sugars—create other chemicals when they're burned. One such chemical is acetaldehyde, which results from the breakdown of sugar when burned. This combination of acetaldehyde and free nicotine creates a higher binding capacity in the brain, which aids in the brain chemistry of addiction. It's not unlike getting better gas mileage from your car using ethanol instead of regular gasoline. The

cigarette is designed to be a highly effective drug delivery device. The chemicals intentionally added to tobacco are used to enhance addiction, to get nicotine in its most addictive form, free nicotine, and to keep the dosage equal to what the addict needs for satisfaction. All of this occurs as part of cigarette and tobacco product design.

So if I have an addictive need for a gram of nicotine a day, I'm going to smoke my cigarettes differently, or smoke more of them to get my fix. I'm going to go ahead and inhale them deeper and I'm going to therefore feed my addiction based on what will keep my body from revolting against withdrawal—that's the pain of it.

The last part of all this is what's unintentionally added to tobacco. Tobacco is also one of the only consumer products that includes many unintentional additives—additives derived from the agricultural process, like pesticide or herbicide residues and bacteria from the soil where the tobacco plant was harvested. When a cigarette's moisture content rises above 15 percent, there's a tendency for inactive bacteria within the tobacco to begin growing and producing very toxic chemicals called aflatoxins.

Contrary to what is commonly thought, a cigarette isn't a grow-it-in-the-field, stuff-it-in-a-tube product that's shipped out the door. Why is a cigarette so white? Well,

“Tobacco still kills 460,000 people in this country every year. And of the 460,000 people who die, 55,000 of them never chose to smoke—they died from passive or secondhand smoke.”





**“They court
our children
in the
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believe
cigarette
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glamorous.”**



they use titanium oxide on the paper to make it look as white as possible. They use burn accelerants and burn decelerants to keep the cigarette components burning at an equal combustion rate. So there's a lot of science to it all. The science of engineering and designing a cigarette starts in the tobacco field, where genetic engineering can be used to boost the nicotine levels in the consumer product.

Do you think smoking is still the national public health problem it was twenty years ago?

Wigand: Tobacco still kills 460,000 people in this country every year. And of the 460,000 people who die, 55,000 of them never chose to smoke—they died from passive or secondhand smoke. Secondhand smoke is recognized by the EPA, the Registry of Carcinogens, the National Institutes of Health, the American Cancer Society, the Centers for Disease Control, the World Health Organization—there is a litany of scientific organizations that not only corroborate, but also re-amplify the fact that passive or secondhand smoke—somebody else's smoke—is a Class A human carcinogen just like asbestos or benzene.

We also know that tobacco costs, on a federal level, about \$100 billion a year in direct healthcare costs, and about \$140 billion a year in lost workforce productivity. Smokers are sick more often; they're out of work more often; they need to have breaks more often; and many times they're just not as productive as non-smokers. Not to mention the fact that healthcare costs and insurance premiums are higher for smokers.

What are your thoughts on those companies pushing the envelope by encouraging their states to pass legislation allowing them to only hire non-smokers?

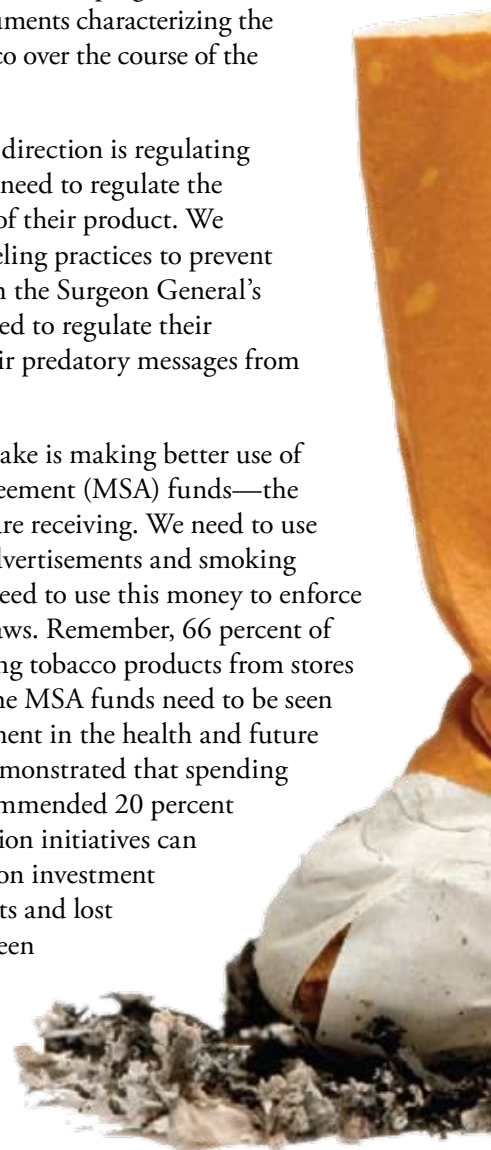
Wigand: I think that if an adult chooses to smoke, then they certainly have the right to, so long as it doesn't affect or harm others, and so long as the smoker is fully informed about the risks. Unfortunately, I'm not so sure it's something we can legislate, nor do I think we should—as John Stuart Mill would say—“infringe upon somebody else's liberty or autonomy by legislating something that's an individual decision.” I do think, however, that the government should regulate tobacco such that it's not considered a normal, run-of-the-mill, everyday consumer product like bread and butter. Tobacco has been a part

of our culture for 200 years, and it constitutes a sizeable portion of revenue for the federal government as well as state governments. Every time a pack of cigarettes is sold, the US government and all state governments collect taxes. The problem is, however, that each time they generate revenue from a pack of cigarettes, they also generate a substantial amount of economic burden—in the form of medical costs and lost productivity—from the taxes they're receiving. To me, it's a mistake and it doesn't make economic sense.

An attempt to make the product illegal would be very difficult. The tobacco industry is a \$45 billion industry where it costs pennies to make their product. For decades they've been highly influential in terms of preventing Congress and state legislatures from doing the morally right thing. They've worked to prevent smoke-free workplaces, smoke-free hospitals, and smoke-free schools. It's only been recently that we've seen some progress due to the enormous amount of documents characterizing the misbehavior of Big Tobacco over the course of the past five decades.

I think a step in the right direction is regulating the tobacco industry. We need to regulate the ingredients and contents of their product. We need to regulate their labeling practices to prevent them from watering down the Surgeon General's recommendations. We need to regulate their advertising to prevent their predatory messages from affecting our children.

Another step we need to take is making better use of the master settlement agreement (MSA) funds—the \$246 billion—the states are receiving. We need to use this money for counter-advertisements and smoking cessation programs. We need to use this money to enforce our current tobacco age laws. Remember, 66 percent of our children are purchasing tobacco products from stores and other legal outlets. The MSA funds need to be seen by the states as an investment in the health and future of their citizens. We've demonstrated that spending the CDC minimum recommended 20 percent of those funds on prevention initiatives can demonstrate a 3:1 return on investment in terms of healthcare costs and lost productivity. We've also seen that using this money for prevention actually decreases the number of children using tobacco.



The tobacco industry is very powerful, and we need to recognize that it's a wholly undesirable power. I think the World Health Organization and the European Union are beginning to realize that the death toll from tobacco is 100% preventable. They're coming to the realization that they shouldn't be in bed with the tobacco companies—accepting their political contributions and untruths, and creating a system where our children and legislators are blind to the true lethality of tobacco products.

With the tobacco settlements in place, is the tobacco industry as powerful and influential as they once were?

Wigand: Yes. I don't think much has changed.

In 1998, the states' Attorneys General basically committed to an economic deal. They would get \$206 billion in payments over 25 years with no strings attached—very much different than the original \$368 billion from the earlier settlement of June 1997. The money was awarded for two purposes: to help states recoup damages incurred as the result of treating sick smokers, and even more importantly, to help prevent children from becoming the new statistics of the tobacco industry. In fact, except for four states—Maine, Delaware, Mississippi, and Arkansas—the rest haven't met the minimum CDC guidelines or Best Practices for use of the settlement funds to reverse the toll tobacco takes on our citizens.

By investing the settlement money in prevention, these states could offset the tens of billions of dollars the tobacco industry spends courting our children. They court our children in the movies with advertising that leads them to believe cigarette smoking is sexy and glamorous. They advertise in highly read teen magazines framing the issue as if having a cigarette will keep young girls slim. They continually prey on the issue of self-esteem and the dignity of the different shapes, sizes, and colors of our children.

They also prey on people using misinformation. They use monikers such as mild or light, which have no

meaning in terms of the cigarette. They've designed the cigarette so that when it's tested on a machine, it reads a low number. In actuality, the light or ultra light cigarette delivers many times the amount of tar and nicotine smoked in a normal human manner. So we've got people switching to lights or ultra lights believing that they're being health conscious. This is particularly true for women, as more and more are choosing lights or milds because they believe they're getting a healthy alternative. That's why lung cancer rates are outstandingly high for women. Instead of getting one type of lung cancer, they get a different kind.

I imagine that the tobacco companies see undeveloped, third world nations as perfect opportunities for continuity. What are your thoughts?

Wigand: There are many foreign countries taking very proactive steps. Canada is probably leading the pack, followed by Australia in terms of denormalizing tobacco. They're raising the prices, restricting advertisements, establishing smoke-free environments, placing graphic representations on tobacco packaging—doing what it takes to save lives. The United States clearly hasn't come to this. In fact, in the United States, we use cigarettes as trade barter with developing countries.

When making trade balances, we force developing countries to take tobacco products as part of the balance of trade. The United States fails to recognize the World Health Organization's mandate to have a Framework Convention for Tobacco Control (FCTC)—smoke-free environments, price increases on tobacco, tobacco education for children, and a ban on outdoor advertising.

Let's put this product where it belongs. If it were invented here today, cigarettes wouldn't be a legal product. In 2000, the United States Supreme Court essentially cried out for Congress to change the laws regarding the nature of products the FDA could regulate. The court ruled in a 5 to 4 decision that under the 1936 Food Drug and Cosmetic Act, the FDA didn't have the power to regulate tobacco. Congress has done nothing since 2000 in terms of regulating tobacco, mainly because the tobacco industry continues to influence Congress. Once upon a time we had a smoke-free White House—it's no longer smoke free. The State of Florida, going back on an earlier decision, now invests its pension funds within the tobacco



industry. All of these actions are due in part because of the tobacco industry's influence and political motivations.

They told us they couldn't make a fire safe cigarette. Well, New York just passed a fire safe cigarette law and now, all of a sudden, the tobacco industry can make a fire safe cigarette. They could've made one in 1986, but they chose not to make one.

Compared to any other industry, the tobacco industry engages in the most egregious immoral and unethical behavior, but continues to go unregulated. Congress and many state legislatures won't help create smoke-free environments because they believe doing so will hurt businesses—an absolute falsehood. How would you like to be a restaurant worker forced to breathe asbestos every time you served a meal? Asbestos and secondhand smoke—there's no difference.

In terms of solutions, what can we do to help stop the tobacco industry's plague resulting from their products?

Wigand: The tobacco industry claims tobacco use is a personal choice. Let me assure you it's not a personal choice when you're an 11-year-old child bombarded with advertisements that convey the message that smoking is sexy and cool. Once upon a time the industry even used cartoon characters like Joe Camel to entice children. If people think Joe Camel was created for a 25-year-old choosing to smoke Camels over Marlboros, they've missed the boat. Joe Camel was recognized by 31 percent of 3-year-olds—more than they recognized Ronald McDonald and Mickey Mouse. That's how early all of this starts. The first thing we have to do is create a system to educate our children to see through information displayed on the big screen or TV, and teach them to make rational, critical decisions about their health. I try to spend a lot of time working on this. Education is the first thing we should be working on.

Second, we have to set requirements by which to regulate the tobacco industry. There should be regulations that require the tobacco industry to disclose tobacco additives, disclose the true tar and nicotine levels as determined by real smoking, not a machine that measures numbers consistently below the exposure level of a normal human smoker. We need to have a fire-safe cigarette that will save the lives of innocent firemen, and prevent property loss due to fire caused by careless smokers. We need to create regulations that allow for the creation of packaging that reminds people about the end effects of the product

they're purchasing. Some of the graphic representations done in Canada are truly disturbing, but they give people that pause for thought. We need to work on creating 100 percent smoke-free workplaces and public places. If you want to smoke, smoke outside, but don't smoke where you're poisoning somebody else.

We also need to start deglamorizing tobacco products in the movies and on TV. Contrary to what people think, movies depict people smoking more now than they ever have in the past. And what's more, 90 percent of the revenue from the top 10 producing movies comes from 11 to 19-year-olds. Does James Bond need to smoke Philip Morris products in his movies? Do Superman and Lois Lane ever smoke Marlboros or have a battle with Marlboros in their comic books? Did Fred and Barney Flintstone smoke Winstons? Should we have allowed the amount of smoking we have on TV and in the movies? Should our children get that education?

The CDC has developed a 9-point, Best Practices program to minimize the health toll tobacco takes on our citizens. The program allows for the reduction of tobacco advertising, increases the costs of tobacco, and gives children the power to understand how the tobacco industry is attempting to manipulate them. It gives them the power to make critical decisions. The states participating in this program have demonstrated that they can have a significant impact on the health of middle and high school students. They're saving lives with this program like Mississippi, Maine, Arkansas and Delaware.

The other thing we should be doing is helping those already afflicted by tobacco addiction. Remember, 90 percent of smokers want to quit—they only need an environment like a smoke-free workplace or be exposed to counter-advertising to help motivate them to become tobacco-free. We also need to figure out how best to medically intervene to help these folks. We need to figure out an inexpensive way to break the addiction. Something that combines a nicotine replacement therapy (NRT), an antidepressant (Zyban), plus behavior modification coupled with counseling and dietary and exercise improvements. Doing so will help create tobacco-free adults. Right now we're not doing it; we're not using the money from the tobacco settlements to help people quit. So what do we need to get going? Should companies offer free smoking cessation programs? It makes sense. If they can help someone quit smoking, that person's risk of a heart attack after one year is the same as someone who has never smoked. That's a pretty good deal, especially when you consider the costs of a heart attack—financially, medically, or emotionally.



“The people who know and have access to information about the tobacco industry, but choose to be bystanders, are wrong.”



There are a lot of questions that need to be answered. Should we require the tobacco industry to remove packaging monikers that suggest a product is a healthier alternative when in fact it's more dangerous? Should we require the tobacco industry to tell us the truth when they know the truth? Should they be allowed to put chemicals like plutonium 210 in their product? Why should they be allowed to put chemicals in their product that were never intended to be burned, and when burned are downright dangerous? Should we allow the industry to claim that the additives they use are safe when they're not safe and they know they're not safe? Shouldn't the government require the tobacco companies—as they do with food and cosmetic manufacturers—to list ingredients? How much ammonia do they add to make it more addictive? Why do they provide “gateway” products? Why do they reimburse merchants when somebody steals product from a store?

There are a lot of things that need to be changed. Unfortunately, what we're trying to do is unravel two centuries of tobacco normalization in less than a decade. We've still got a long way to go. The biggest thing we can do, however, is begin using the settlement funds the way they were supposed to be used. State governments haven't used the money appropriately, and I call it moral treason.

These governments don't believe the settlement money belongs to the future—to the children. They don't believe the money should be used to educate our children, to give them a life unfettered from the ravages associated with tobacco. It's moral treason.

Why aren't we hearing these messages, point blank, from our political and health leaders? Are the pressures that great?

Wigand: I think some of it has to do with the political action committees funding of these politicians. Much of this funding comes from the tobacco industry, and it keeps politicians from acting in a morally responsible manner. For a legislator to understand that secondhand smoke kills, and not pass an ordinance preventing people from smoking in public places, is morally wrong.

John Stuart Mill, a 19th-Century utilitarian and libertarian, believed that the only time government had the duty to interfere with somebody else's liberty or autonomy was when that autonomy or liberty hurt others. Secondhand smoke hurts the innocent. I also strongly believe in another principle that is written on a marble plaque at the Holocaust



Museum in Washington, DC: “Thou shalt not be a victim...Thou shalt not be a perpetrator...But above all, thou shalt not be a bystander.” The people who know and have access to information about the tobacco industry, but choose to be bystanders, are wrong.

Dr. Wigand, what's your take on the tobacco industry providing smoking cessation websites and other health interventions?

Wigand: It's more of an enticement for our children to smoke. It passes the responsibility from the tobacco company to whom? To the parent of the child or to the child themselves. The responsibility belongs to the tobacco industry. The tobacco companies don't survive by getting 25-year-olds to smoke. Ninety percent of those people smoking today didn't start after the age of 18 or 19; they started before. We've got to counter the tobacco companies tactics with ads like the TRUTH ads that have come out of Florida. Those ads have been so successful because adults didn't create them. They were created by children—the body bags, the lie detectors, and so on, have helped create an understanding of how the tobacco companies manipulate and target our children.

But the cycle continues. I go to places, not only in the United States, but throughout the world, where kids six, seven, or eight years old are already smoking, chewing, or dipping. If we were spending the money to help these children understand that using tobacco is risky behavior, to help them understand why it's fatal and how they're being manipulated, we could make a difference. At the same time, if we could get our legislative bodies to realize that if they spent only 20 percent of the settlement dollars on tobacco prevention efforts, they would make a big difference in the lives of these children, not to mention produce a 3:1 return in terms of healthcare costs.

I don't understand why they can't do the math. I can do it; it's not that difficult. For every prevention dollar you spend, you save three dollars in healthcare costs and lost productivity.

What advice do you have for worksite leaders, doctors, and health educators regarding what they can do to prevent the further spread of tobacco use?

Wigand: First and foremost, don't be a bystander. We have too many doctors across the nation who won't actively take part in solving this epidemic. We need more medical practitioners to get involved like the American Academy of Family Medicine has. We need more dentists involved. We need policemen out there making sure that the 66% of the cigarettes purchased by underage children aren't acquired because laws aren't being enforced.

We need to make the price exorbitantly high—just like New York State did—so the barrier to entry becomes a significant hurdle. For a child to afford eight bucks for a pack of cigarettes is difficult. We know that for every 10 percent increase in the price of cigarettes, there's a 7 percent decrease in the consumption or purchasing capacity of a child, and 4 percent decrease among adults. We know that 90 percent of those people hooked and addicted to tobacco want to do one thing—break their addiction. But these people need help. Maybe it's paying for pharmaceuticals, or providing access to a program to help free them of their addiction. Sometimes what they need is a smoke-free environment, a smoking cessation course, or just a counter-advertisement. People have written and told me that they no longer want anything to do with smoking after watching the movie *The Insider*. What they saw actually helped them quit smoking.

There are many different ways of skinning this cat. But we need our legislators; we need people from all walks of life to actively engage in the process of denormalizing the tobacco industry's products. ★

This interview was originally published in the January 2006 issue of Absolute Advantage magazine.



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**“Tobacco companies
don’t survive by
getting 25-year-
olds to smoke. 90%
of those people
smoking today
didn’t start after the
age of 18 or 19; they
started before.”**





Stressed Less

One of The Nation's Leading Experts Shares Important Insight On Minimizing Personal Stress

✧ By David Hunnicutt, PhD ✧

Stress is a big issue in the U.S. In fact, it's everywhere. It dogs us at work. It plagues us at home. It travels with us on the road. It shares our relationships. Ironically, it even sleeps with us.

In fact, the more I read about the issue, the more sensitive I become to how pervasive it really is. And I'm not the only one who is coming to this important conclusion.

Indeed, according to the findings of a recent NIOSH Report:

- ▶ **40% of workers reported their job was very or extremely stressful; 25% view their jobs as the number one stressor in their lives;**
- ▶ **Some 75% of employees believe that workers have more on-the-job stress than a generation ago;**
- ▶ **29% of workers felt quite a bit or extremely stressed at work;**
- ▶ **26 percent of workers said they were "often or very often burned out or stressed by their work."**

If that's not enough, the 2000 annual "Attitudes In The American Workplace VI" Gallup Poll sponsored by the Marlin Company reported that 80% of workers feel stress on the job. Frighteningly, 25% have felt like screaming or shouting because of job stress; and 14% of respondents had felt like striking a coworker in the past year, but didn't.

Stress As A Precursor To Illness

With stacks of research to support it, researchers have found that the consequences of stress in the U.S. have become very real. According to the latest estimates, experts tell us that 80% of all disease may actually be stress-related.

In my world, 80% is a very big number, especially in a country where more than \$2 trillion is spent on health care services. When it comes to who stays healthy and who gets sick in the U.S., stress may very well be the #1 factor.

Here's A Stress Ball?

But here's what I find most interesting about all this. In a country where the vast majority of people seriously struggle with stress and 80% of all disease is said to be stress-related, the recommendations for combatting stress are way too simplistic.

For example, who hasn't read an article entitled something like, "The 60 Second Stress Buster?" Or, worse yet, who hasn't experienced the absurdity of being on the receiving end of something like a stress ball. The reality is so ridiculous you don't know whether to laugh or call your therapist.

The Four Most Important Things You Can Do To Alleviate Stress

To get a more realistic approach to what our employees can do to alleviate some of stress in their lives, I contacted a colleague and one of the country's leading experts on managing stress, Dr. Brian Luke Seaward.

According to Dr. Seaward, there are really four techniques that can (and should) be employed to better cope with stress. Interestingly, none of the solutions can be physically squeezed or done in under 60 seconds.



Technique #1: Set Boundaries



Technique #1: Set Boundaries

According to Dr, Seaward, If you really want to alleviate stress, you have to set healthy boundaries. And, in the world of work, that means setting boundaries with technology.

"I'm really a big advocate of boundaries," said Seaward. "In fact, I see a huge addiction problem going on today with people with their cell phones and with e-mail. In fact, I was doing a conference out on the East Coast not too long ago, and the new code name for the BlackBerry is now the "Crackberry," with the underlying message that people are addicted to these things. Don't get me wrong, technology's great but it's supposed to serve us; we're not supposed to be slaves to it. So the number one priority is to learn to unplug from these things—if you want to survive, you've got to set boundaries."



Technique #2: Learn To Quiet The Mind



Technique #2: Learn To Quiet The Mind

The next thing Dr. Seaward recommends is learning to quiet the mind—and this is easier said than done.

“We’re at a time right now of sensory overload, sensory bombardment actually. I think that people need to take time just to sit still and focus on their breathing and quiet their minds. I just saw this movie which I think is great. It’s called *The Peaceful Warrior*, based on Dan Millman’s book, *The Way of the Peaceful Warrior*.”

“Dan Millman is a gymnast who is trying to augment his athletic abilities so he can compete in the Olympic games, and comes across this mentor, who he calls Socrates. One of Socrates’ great lines in this movie is ‘Dan, empty the trash.’ And, of course, Dan Millman goes to the trash barrel to empty it, and this guy points to his head and he says, ‘No, I mean up here.’ And I think that we, in this day and age of information overload and too much information, we get bombarded with things that take up a lot of space that we should better direct toward the things that really matter in life. So taking time to sit still, taking time to be quiet, to calm the mind is analogous to taking out the trash.”



Technique #3: Turn Off The TV



Technique #3: Turn Off The TV

The third technique Dr. Seaward recommends for managing stress is turning off the TV.

"Television obviously is a great form of entertainment, but like anything else, too much of it has become human kryptonite. I like the quote from (at least I think it was) Karl Marx who said religion is the opiate of the masses. I think if he were alive today, he'd change that to say, television is the opiate of the masses."

"We have an addiction to television. Although there's some great things on it (don't get me wrong; I'm a big fan of PBS and things like the Discovery Channel), but too much of anything is going to zap our strength. I think that so many people actually use the television as a means of self-medication, trying to forget their problems or their situations at work or in relationships. Substituting one set of problems for another is not a good answer."



Technique #4: Practice Compassion



Technique #4: Practice Compassion

The fourth and final technique for managing stress that Dr. Seaward recommends is to practice compassion.

"I'm a big fan of the concept of compassion or love, however you want to describe it. I think that the real message here is coming to a place of balance and engaging your sense of compassion; however you conceive this to be. Some examples would be things like practicing random acts of kindness, spending time with family and friends, and doing service for others."

"With this in mind, there's a wonderful book called *Life's Little Instruction Booklet*, by Jackson Brown. In this book, Brown shares a little tip he gives his son going off to college. 'Just remember son, no one ever said on their deathbed, 'Gee, I wish I'd spent more time at the office.' The message here is that we need to actually honor our relationships with friends and family, colleagues; and I'm going to include pets, because in this day and age of isolation with people who spend so much time with their computers and their jobs and families that are fragmented, pets play a very important role in our social structure."

Summary

What's most fascinating about Dr. Seaward's recommendations is that each of these techniques takes practice and not much can be done in the short term. That's surprising in a revelatory kind of way.

I guess what it really tells me is that if you want to manage stress you have to take a daily approach to it and practice these things routinely—and in so doing, you'll master the art and science of handling your stress...over the long haul. Unfortunately this is a far cry from the "quick fixes" that are being preached today.

The implications for the worksite are legion, but I think the most important is that we have to start including stress management as a primary intervention in worksite wellness programs. Obviously we've got more work to do in this area.

For more information on this topic be sure to contact Dr. Seaward at <http://brianlukeseaward.net/>. ★



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Big Steps For Sm

10 Health Promotion Programming Ideas Small Business Should Consider

➔ By David Hunnicutt, PhD



Small Businesses

as Every



It's no secret that health promotion programming has been embraced by the business community in a big way. However, even though more companies are participating in worksite wellness now than ever before, many small businesses are still on the outside looking in. In fact, very little has been written specifically for small businesses to help them in their quest to create healthier employees and healthier companies.

In this article, we'll present 10 programming ideas that can make a big difference in any small company.

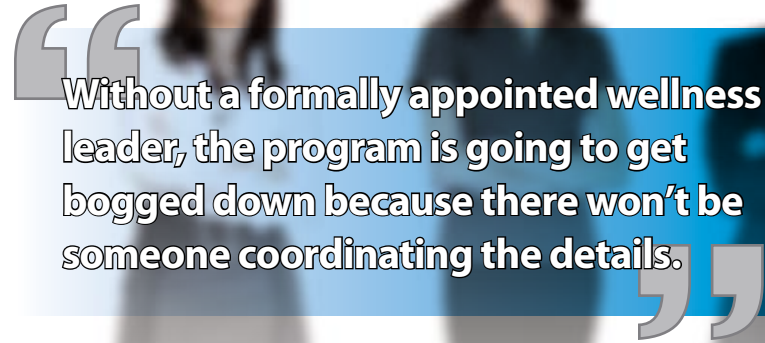
Hold A Management Boot Camp

Believe it or not, this is a great place for small businesses to start. How so? Well, if the CEO/owner and managers can better understand the concept of health promotion programming, there's a much greater likelihood that they'll get behind the idea in full force.

The boot camp can be as modest or ambitious as you would like it to be. Some small companies start with a simple in-service for the owners and managers that lays out the benefits and the specific steps necessary to start a wellness program within a smaller organization. As a result of attending this simple seminar, execs will have a much better idea of what will be required if they choose to move forward with such a program. In this scenario, we would suggest finding a talented and educated presenter on this topic. It's important that the presenter be dynamic and knowledgeable because they'll not only provide an aerial view of the process, but they'll need to motivate and stir the emotions as well. If the speaker you're looking to secure charges a fee, you should consider pooling the resources of several small businesses so that the expenditures won't break the bank.

For the more ambitious, consider taking your execs through a one or two day wellness retreat. More and more communities are offering this type of experience, and they are available through fitness clubs or private consultations. During the course of this retreat, your executives should have an opportunity to experience things like biometric screenings, health risk appraisals, individual coaching, and specific programs like walking or cooking demonstrations. It's not uncommon for many owners and managers to get religion after such an in-depth orientation.

Whichever path you choose, a management boot camp is a great place to begin your wellness efforts.



“Without a formally appointed wellness leader, the program is going to get bogged down because there won't be someone coordinating the details.”

Designate A Company Wellness Leader And Provide A Training Experience

Once you have indoctrinated the company's execs in the nuances of worksite wellness, it's time to designate a company wellness leader and get them trained. Both of these steps are essential in establishing a wellness program within a small business environment. In fact, without a formally appointed wellness leader, the program is going to get bogged down because there won't be someone coordinating the details.

Before going any further, it's important to understand that the internal wellness leader doesn't have to be hired specifically to fill this role. In fact, many small businesses have chosen to designate an existing employee who already has a passion for such an undertaking. But passion alone is definitely not enough. That's why it's important to make sure that the wellness leader gets some type of formal training.

The best way to do this is by sending them to a conference or training experience. Fortunately, in this day and age, there are plenty of national, regional, and local training opportunities to take advantage of.





Conduct An Employee Health Interest Survey

Once your owners and managers have bought into the concept, and you've designated a company wellness leader, the next undertaking is to conduct an employee health interest survey. In addition to garnering buy-in, the health interest survey will provide your organization with important data as to what specific programs your employees are interested in.

By conducting an employee health interest survey, small businesses can learn a lot from their own people—and virtually guarantee that your wellness programs will be embraced by all.

Provide An Opportunity For Health Screening

This step is a critical one for small businesses because it provides employees with an important assessment of their own personal health status. Without an opportunity to participate in an annual health screening, many employees will not adequately understand their “numbers” such as blood pressure, cholesterol, BMI, etc. And if your employees don't understand their own health status, they

place themselves at greater risk for experiencing problems which could have been prevented.

Administer An Annual Physical Activity Campaign

We know from the research that physical activity may very well be the magic bullet. Indeed, according to Dr. Steve Aldana, people who are physically active delay the onset of disability for more than a decade. With this in mind, you can see why an annual physical activity campaign is essential for small businesses.

If you're not familiar with physical activity campaigns, you don't need to feel bad. But, you do need to know that they are available and are excellent resources to get your employees up and moving. For example, WELCOA offers a number of turn-key incentive programs that are available to members at no charge. Usually, incentive campaigns come in two parts. The first is the Director's Guide which explains how the program works and what you need to do. The second is the Participant's Guide which explains what individuals need to accomplish and how they can accumulate points. By using an incentive campaign, small businesses can get their employees up and moving at low-cost or no-cost.



Hold A Healthy Eating Lunch 'n Learn Seminar

We believe that small businesses would benefit greatly by offering their employees healthy eating seminars. Not only are these seminars informative, but they can be a lot of fun as well. For example, imagine how your employees will respond when you bring in a healthy cooking chef that prepares a special meal right before their very eyes. Using healthy—but common—ingredients, the chef can educate your employees on how to prepare the dish, how to make it taste good, and how to make it nutritionally sound. Trust us on this one, this seminar will be a homerun.

Establish An In-House Lending Library

Because good health is predicated on sound information, small businesses can take a significant step toward promoting better health by providing their employees with opportunities to learn more about prevention right at the workplace. A good library will include things like medical self-care books, health magazines, instructional DVD's, audio books, and a variety of newsletters, pamphlets, and behavior change guides.

To ensure that the information gets read, it's a good idea to put the lending library in a commonly traveled spot. Comfortable chairs and good lighting are also highly recommended. Remember, the key is to get people comfortable and reading and/or watching and listening.

Disseminate A Regular Health Newsletter

Regular health information can greatly assist employees in their quest to become healthier. A good health newsletter will cover a variety of topics like physical activity, weight management, stress reduction, tobacco cessation, and medical self-care. It helps if the newsletter is available in full-color and easy-to-read—preferably a 6th or 7th grade reading level.

To make sure that the newsletter gets absorbed, you may want to consider offering a brief quiz that asks a variety of questions about the information contained in the actual newsletter itself. The participant can put their name on the quiz and submit it to be registered as part of a drawing

for something special. For example, if you have 45 employees, you could very well get an 80% response rate to your health quiz and the winner could walk away with something like dinner for two at a healthy eatery.

Implement Healthy Policies And Procedures

Because company policies can have an enormous impact on employee health status, we would recommend implementing healthy policies and procedures into the actual policy manual. By incorporating healthy policies and procedures into your business operations, your company further demonstrates its commitment to the concept of providing a safe and healthy workplace for all.

Specifically, every small business should consider four basic policies at a minimum. These policies include: mandating a tobacco-free workplace, promoting an alcohol/drug-free environment, requiring seatbelt use by all, and formulating safety/emergency procedures in the event of a disaster.

Although not traditionally thought of as important, healthy policies should not be overlooked by small business leaders who are looking to improve the health and well-being of their company.

Promote Community Health Efforts

A final way that small businesses can promote healthier behaviors is by supporting community events. Needless to say, there are numerous events like fun runs, health fairs, and educational seminars (just to mention a few) that can be promoted and communicated to your employees. This is very important just due to the simple fact that most community health events are usually best kept secrets. By establishing a listing of health promoting events each month, small businesses can take important steps toward increasing the health and well-being of their most valuable asset—their employees. ★



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“Every small business should consider mandating a tobacco-free workplace, promoting an alcohol/drug-free environment, requiring seatbelt use by all, and formulating safety/emergency procedures in the event of a disaster.”





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The Well Workplace Checklist

Appropriate Interventions

To assess the interventions for your organization, we encourage you to answer the following 17 questions. If you're interested in getting a score and a response to these questions, be sure to log on to InfoPoint—WELCOA's members only website—and take the Well Workplace Checklist in its entirety. In so doing, you will receive a set of scores for each of the seven benchmarks as well as a customized, in-depth report on your company's overall wellness efforts.

1 Our organization has offered employees the opportunity to participate in a Health Risk Appraisal in the last:

- ☐ 12 months
- ☐ 24 months
- ☐ 36 months
- ☐ 48 months
- ☐ We have not offered employees the opportunity to participate in a Health Risk Appraisal.

2 Our organization has offered employees the opportunity to participate in a Health Screening in the last:

- ☐ 12 months
- ☐ 24 months
- ☐ 36 months
- ☐ 48 months
- ☐ We have not offered employees the opportunity to participate in a Health Screening.

3 Over the last 12 months, our wellness initiative has offered programs on Physical Activity through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

4 Over the last 12 months, our wellness initiative has offered programs on Smoking Cessation through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

5 Over the last 12 months, our wellness initiative has offered programs on Nutrition/Weight Management through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

6 Over the last 12 months, our wellness initiative has offered programs on Responsible Alcohol Use through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

7 Over the last 12 months, our wellness initiative has offered programs on Stress Management through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

8 Over the last 12 months, our wellness initiative has offered programs on Medical Self-Care through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

9 Over the last 12 months, our wellness initiative has offered programs on Work & Family through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

10 Over the last 12 months, our wellness initiative has offered programs on Personal Financial Management through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

11 Over the last 12 months, our wellness initiative has offered programs on Safety/Health Protection through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

12 Over the last 12 months, our wellness initiative has offered programs on Ergonomics through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

Survey continued on following page ►►



13 Over the last 12 months, our wellness initiative has offered programs on Mental Health/Depression through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

14 Over the last 12 months, our wellness initiative has offered programs on Disease Management (e.g. asthma, diabetes, etc.) through the following formats:

- ☐ Awareness
- ☐ Awareness and Education
- ☐ Awareness, Education, and Behavior Change
- ☐ Awareness, Education, Behavior Change, and Culture Enhancement
- ☐ We have not offered programs in this area.

15 In general, our wellness programming efforts are offered to:

- ☐ Employees Only
- ☐ Employees and Spouses
- ☐ Employees, Spouses, and Dependents
- ☐ Employees, Spouses, Dependents, and Retirees

16 Our organization provides the following as incentives:

- ▶ Cash incentives outside of the benefit plan
- ▶ Medical plan coverage enhancement (i.e., reduced co pays)
- ▶ Health plan contribution
- ▶ Medical spending accounts
- ▶ Merchandise (i.e., T-shirts, Movie passes, etc.)
- ▶ Well days
- ▶ Recognition
- ▶ Lottery Prize Drawings
- ☐ At least 1 area chosen
- ☐ 2-3 areas chosen
- ☐ 4-6 areas chosen
- ☐ 7+ areas chosen
- ☐ We currently do not offer incentives for participation.

17 Our organization provides incentive opportunities to:

- ☐ Employees Only
- ☐ Employees and Spouses
- ☐ Employees, Spouses, and Dependents
- ☐ Employees, Spouses, Dependents, and Retirees
- ☐ We currently do not offer incentives.



For more information, log on to WELCOA's InfoPoint website:



The Well Workplace Checklist—a copyrighted and trademarked tool of WELCOA—is an interactive assessment that will help you determine how your organization is doing with respect to worksite wellness. To complete the online assessment, you'll

need to log on to *InfoPoint*—WELCOA's members only website. Once there, the Checklist should take you about 20 minutes to finalize. Once you are finished, you will be able to download a short report outlining your overall scores. Shortly thereafter, a full report will be emailed directly to you.



About The Wellness Council of America [WELCOA]



Based in Omaha, Nebraska, WELCOA was founded in 1987 as a national non-profit membership organization dedicated to promoting healthier life styles for all Americans, especially through health promotion initiatives at the worksite. Organizationally, WELCOA serves as an umbrella, linking communities and coalitions together into a supportive network that includes locally affiliated Wellness Councils, Well City initiatives, Well Workplaces, and individual and corporate members throughout the United States.

Working Well—Specifically, WELCOA focuses on building Well Workplaces—organizations that are dedicated to the health of their employees. The Well Workplace process provides business leaders and members with a structure or blue print to help their organizations build results-oriented wellness programs. Ultimately these programs help employees make better lifestyle choices, and positively impact the organization's bottom line. To date, over 700 companies have received the prestigious Well Workplace award. In addition, nine cities have been designated as Well Cities—Jacksonville, FL; Omaha, NE; Chattanooga, TN; Hobart, IN; Lincoln, NE; Kearney, NE; Kanawha Valley, WV; and Gainesville, FL and Bangor, ME—while several other cities have made the commitment to join this exclusive group.

Leading Edge Wellness Information—In addition to helping organizations build structurally sound wellness programs, WELCOA serves as a national clearinghouse and information center on worksite wellness. WELCOA responds to thousands of requests for information and materials by publishing a number of source books, a monthly health and wellness newsletter, an extensive line of brochures, as well as conducting numerous training seminars.

Wellness Council of America [WELCOA]

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WELCOA's

Seven Benchmarks of Success

For the past 20 years, the Wellness Councils of America has dedicated its efforts to studying and promoting the efforts of America's Healthiest Companies. During that period, WELCOA developed its patented Well Workplace process. At the core of the Well Workplace model, we have identified seven key benchmarks of success.

Specifically, these seven benchmarks are inherent in companies that have built results-oriented workplace wellness programs.

Benchmark #1: Capturing CEO Support

From our experience, CEO support is essential to the process of developing best-in-class programs. Indeed, we know of very few programs that have contained costs and improved employee health that don't have strong senior level support.

Benchmark #2: Creating Cohesive Wellness Teams

Once CEO support has been captured, the next task is to create a cohesive wellness team. Teams are essential to building great wellness programs because they help to distribute the responsibility for wellness throughout the organization.

Benchmark #3: Collecting Data To Drive Health Efforts

The team's first and primary responsibility is not to start offering programs, but rather to step back and gather important data. The data will be collected using corporate culture audits, health risk appraisals, and knowledge and interest surveys. This data is extremely important because it will reveal the specific areas of health needs and interests within the organization.

Benchmark #4: Carefully Crafting An Operating Plan

With essential forms of data having been collected, the task is now to develop an operating plan for health and wellness within the organization. This operating plan will serve as the roadmap and will guide the company's efforts and investments in workplace wellness.

Benchmark #5: Choosing Appropriate Interventions

With the first four benchmarks completed, it is now appropriate to begin choosing and implementing the appropriate health and productivity interventions. These interventions will most likely include tobacco cessation, physical activity, weight management, self-care, and stress management. But, they also may include things like fatigue management and ergonomics—depending on what the company's data reveals.

Benchmark #6: Creating A Supportive Environment

Once the appropriate health promoting interventions are up and running, it's time to create a supportive environment. Indeed, by having a supportive environment, organizations can be confident that employees will be supported in their efforts to lead healthier lives. Environmental interventions may take the form of policies, physical modifications, and rewards and incentives.

Benchmark #7: Carefully Evaluating Outcomes

The seventh and final benchmark in the Well Workplace model is carefully evaluating outcomes. It is within this benchmark that companies will religiously keep score when it comes to their wellness program. Evaluation targets include things like participation, participant satisfaction, behavior modification, and cost containment.

Wellstream

Health Risk Assessment

WELCOA's Online Health Risk Assessment

The Wellness Councils of America, one of the nation's premier resources for workplace health promotion, is proud to introduce *Wellstream*. *Wellstream* is an innovative, user-friendly health risk assessment. This powerful online tool will help your employees to assess and monitor their personal health status. More importantly, *Wellstream*—through its aggregate reporting function—will allow you as an employer to decipher important organizational health trends and introduce the appropriate health management interventions.

Wellstream Is More Than Just An HRA

With more than two decades in the business of worksite wellness, WELCOA can help you set up an aggressive and effective communication campaign and incentives to drive up participation. So when you purchase *Wellstream*, you'll get much more than just an online assessment...you'll get a partner who is committed to helping you succeed.

Wellstream Can Be Customized

If you're looking for a custom tool, we can help you create a look and feel that's uniquely your own. From adding your logo to complete customization, *Wellstream* can fit any desire.

Wellstream Is Affordable And Cost Effective

When choosing a health risk assessment, cost is always a factor. That's why we've chosen to price *Wellstream* competitively. In fact, you'll find that *Wellstream* is perhaps the most cost effective HRA in the industry. Please contact a *Wellstream* representative at **402.827.3590** or send an email to **info@wellstreamonline.com** to inquire about custom pricing.

Contact Wellstream Today for Your Price Quote

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Web: www.getwellstream.com



Choosing Appropriate Interventions

Developing Results-Oriented Wellness Programs One Company At A Time



In this issue of *Absolute Advantage*, we're focusing on the benchmark of *Choosing Appropriate Interventions*.

The fifth of the seven critical benchmarks of success, *Choosing Appropriate Interventions* is a crucial step in developing a results-oriented, worksite wellness program. To do this topic justice, we've devoted this entire issue to addressing this benchmark.

Specifically, we'll outline the issues and factors to consider when choosing interventions for your organization. In addition, we'll present expert information from Dr. Ken Cooper on physical activity, Dr. Jeffrey Wigand on tobacco cessation, and Dr. Luke Seaward on stress management. Finally, we'll set forth important guidelines for small businesses who are interested in adopting health promotion interventions.

We hope that you enjoy this issue of *Absolute Advantage* and find it useful in your quest to fully implement the seven benchmarks of success within your organization.

Yours in good health,

Dr. David Hunnicutt
President

Choosing Appropriate Interventions

In this article, we will discuss the important issues that must be addressed in order to effectively offer the appropriate interventions for your employees.

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12 Doctor's Orders

In this WELCOA classic interview, the "Father of Aerobics," Dr. Ken Cooper, shares the importance of individual health and well-being and how practitioners can engage employees in the pursuit of healthier lifestyles.



20 Moral Treason

In this WELCOA classic interview, Dr. Jeffrey Wigand discusses what health promotion professionals can do to prevent employees and their families from experiencing the ravages associated with tobacco use.



30 Stressed Less

In this article, Dr. Luke Seaward provides four important insights on how employees can reduce and manage the amount of stress in their lives.



36 Big Steps For Small Businesses

Even though more companies are participating in worksite wellness now than ever before, many small businesses are still on the outside looking in. In this article, we'll present 10 programming ideas that can make a big difference in any small company.

